

**AUTHORIZATION FOR RELEASE OF INFORMATION ABOUT
RETIREMENT BENEFITS, PENSION AND ALL DEFERRED COMPENSATION**

TO WHOM IT MAY CONCERN:

I, _____, social security number
(Print full name of person GIVING release)
_____, hereby authorize
(SSN of person GIVING release)
_____ to have access to any and all
(Name of person who is GETTING permission)

regarding my right to deferred compensation benefits. This right of access extends to all pension, retirement, profit-sharing or other deferred compensation benefits to which I am or may be entitled.

I also authorize the above named person to speak to any personnel who may have information regarding the status and/or terms of my deferred compensation benefits, and to receive copies of documents relating to these benefits.

This authorization expires six months from the date of signing below. Copies of this authorization shall be regarded as effective as the original.

(Signature of person GIVING release)

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20__, at _____, Alaska.

Notary Public in and for _____
My Commission expires: _____